	3145	Category # 20
Fed Award	# N/A	CFDA # 16.575
	Christine Lovass-Nagy	
	Fed Award	Fed Award # N/A  Contact Person: C

Type of Action: NEW Las Vegas Nevada 89101 Phone: 702-229-6201 Fax: 702-868-2929 Project Name: Victim Witness Advocates-Hispanic Outreach E-mail: pbraganza@lasvegasnevada.gov Contact Person: Patty Braganza Grantee Mailing Address: PO Box 3930 Sub-Grantee Legal/Corporate Name: Las Vegas City Las Vegas Nevada 89127 Attorney's Office PROJECT PERIOD FROM June 30, 2009 October 1, 2006 through June 30, 2007 YEAR ONE October 1, 2006 through June 30, 2008 YEAR TWO: July 1, 2007 through July 1, 2008 through June 30, 2009 YEAR THREE: (COMBINED TOTAL FOR ALL CATEGORIES) APPROVED ANNUAL COST CATEGORIES: 48,000 Personnel \$ Operating 2. Equipment \$ \$ 4. **Direct Services** \$ Other (Admin) 5. \$ 48.000 6. **Total Cost** Year 3 Year 2 Total SOURCE OF FUNDS: Year 1 48,000 \$ 144,000 48,000 State Share: \$ 48,000 \$ 12,000 36,000 \$ 12.000 \$ 12,000 Match: \$ 180,000 60,000 60,000 TOTAL \$ 60,000

In accepting these grant funds, it is understood that:

- 1. Expenditures must comply with appropriate State and/or Federal regulations.
- 2. This award is subject to the availability of appropriate funds.
- 3. Grantee agrees to provide the Division with an independent financial and compliance audit in accordance with appropriate State and Federal requirements.
- 4. Recipients of these funds agree to stipulations on page 2.

	as Vegas ity Attorney's Office	Authorized Signature:	Date:
Social Service	es Program Specialist	Signature: N/A	
DCFS FPO G	rants Management Unit	Signature: (TITLE)	Date
DCFS Admin	istration	Signature:	Date

Program: Victim of Crime Act (VOCA)		BA #	BA# 3145			Category # 20	
		Fed A	ward # N/A			CFDA # 16.575	
State Grant #: VOCA3145/20-SFY07-09-081			Contact Persor	n: Christine	Lovass-Na	gy	
State of Nevada							
Department of Health and Human Ser Division of Child and Family Service							
		•					
NOTICE OF SUB GRANT AWAR Type of Action: NEW	<u>D</u>		Project Address: 400	) Fact Stewa	rt Street 9 <sup>tl</sup>	1 Floor	
Type of Action. NEW				is Vegas Ne			
Project Name: Victim Witness Advoc	ates- Hispani	c Outreach	Phone:702-229-620	1 Fax: 70	2-868-2929		
Contact Person: Patty Braganza			E-mail: pbraganza@				
Sub-Grantee Legal/Corporate Name:	Las Vegas Ci	ty	Grantee Mailing Ad		ox 3930 'egas Neva	da 80127	
Attorney's Office PROJECT PERIOD FROM O	ctober 1, 200	6 thro	ugh June 30, 20		egas ineva	ua 69127	
	ctober 1, 2000						
	ily 1, 2007	thro	<u> </u>				
	ly 1, 2008	thro	ugh June 30, 20				
APPROVED ANNUAL COST CAT	regories:		BINED TOTAL FO			S)	
		1. Personn			18,000	-	
		2. Operatir		\$	-	-	
		<ol> <li>Equipme</li> <li>Direct S</li> </ol>		\$ \$	<u> </u>		
		5. Other (A		\$			
		6. Total Co			18,000	-	
SOURCE OF FUNDS:	Year		Year 2	<del>- 1</del>   -	Year 3	Total	
State Share:	\$ 48,000	0 \$	48,000	\$	48,000	\$ 144,000	
Match:	\$ 12.000	0 \$	12,000	\$	12,000	\$ 36,000	
TOTAL	\$ 60,000	0 \$	60,000	\$	60,000	\$ 180,000	
In accepting these grant funds, it is understood that:							
<ol> <li>Expenditures must comply v</li> <li>This award is subject to the a</li> <li>Grantee agrees to provide th</li> </ol>	availability of	appropriate	funds.		dit in accor	dance with	
appropriate State and Federa			ident imanetat and co.	mpnanoc au	ait iii accoi	WHILL WILL	
4. Recipients of these funds ag			2.				
Grantee:						Date:	
Las Vegas		Authorized	Signature:				
City Attorney's	Office						
Social Services Program Specialist		Signature:	N/A				

Signature: (TITLE)

Signature:

Date

Date

DCFS FPO Grants Management Unit

DCFS Administration

Program: Victim of Crime Act (VOCA)	BA #	3145	Category # 20
	Fed Award # N/A		CFDA # 16.575
State Grant #: VOCA3145/20-SFY07-09-081	Contact Person: Ch		Christine Lovass-Nagy
State of Nevada Department of Health and Human Services			
Division of Child and Family Services			
NOTICE OF CUID ON ANT ASSAUD			

NOTICE OF SUB GRANT AWARD

Type of Action: NEW		Project Address: 400 East Stewart Street 9 <sup>th</sup> Floor  Las Vegas Nevada 89101				
Project Name: Victim Witness Ac	lvocates- Hispanic C	Outreach	Phone:702-2		ax: 702-868-2929	
Contact Person: Patty Braganza					gasnevada.gov	
Sub-Grantee Legal/Corporate Na	me: Las Vegas City		Grantee Mai	ling Address:	PO Box 3930	
Attorney's Office					Las Vegas Nevada	89127
PROJECT PERIOD FROM	October 1, 2006	thro	ugh Jun	e 30, 2009		
YEAR ONE	October 1, 2006	thro	ugh June	e 30, 2007	· · · · · · · · · · · · · · · · · · ·	
YEAR TWO:	July 1, 2007	thro	<del></del>	30, 2008		
YEAR THREE:	July 1, 2008	thro	<u> </u>	30, 2009		
APPROVED ANNUAL COST	CATEGORIES:	(COM	BINED TOT	AL FOR AL	L CATEGORIES	<u> </u>
	1.	Personn	el	\$	48,000	<u>-</u>
	2.	Operatir	ıg	\$	-	-
	3.	Equipme	ent	\$	-	
	4.	Direct S	ervices	\$		-
	5.	Other (A	dmin)	\$		-
	6.	Total Co	st	\$	48,000	
SOURCE OF FUNDS:	Year 1		Year 2		Year 3	Total
State Share:	\$ 48,000	\$	48,000		\$ 48,000	\$ 144,000
Match:	\$ 12.000	\$	12,000		\$ 12,000	\$ 36,000
TOTAL	\$ 60,000	\$	60,000		\$ 60,000	\$ 180,000

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- 4. Recipients of these funds agree to stipulations on page 2.

Grantee: Las Vegas City Attorney's Office	Authorized Signature:	Date:
Social Services Program Specialist	Signature: N/A	
DCFS FPO Grants Management Unit	Signature: (TITLE)	Date
DCFS Administration	Signature:	Date

Program: Victim of Crime Act (VOCA)	BA#	3145	Category # 20
	Fed Awa	rd # N/A	CFDA # 16.575
State Grant #: VOCA3145/20-SFY07-09-081	Contact Person: Christine Lov		Christine Lovass-Nagy
State of Nevada			
Department of Health and Human Services Division of Child and Family Services			
NOTICE OF SUB GRANT AWARD			
Type of Action, MEW	Ť	Project Address: 400 E	act Stewart Street Oth Floor

NOTICE OF SUB GRANT AV Type of Action: NEW			Project Address:	400 East S	Stewart Street 9th	Floor	
1,40 01110110111 11211					s Nevada 89101		
Project Name: Victim Witness A	dvocates- Hispanic	Outreach	Phone:702-229-6201 Fax: 702-868-2929				
Contact Person: Patty Braganza			E-mail: pbraganz				
Sub-Grantee Legal/Corporate Na	me: Las Vegas City	7	Grantee Mailing				
Attorney's Office					Las Vegas Nevad	a 89127	
PROJECT PERIOD FROM	October 1, 2006	thro	ugh June 30,				
YEAR ONE	October 1, 2006	thro	ugh June 30,	2007			
YEAR TWO:	July 1, 2007	thro	ugh June 30,	2008			
YEAR THREE:	July 1, 2008	thro					
APPROVED ANNUAL COST	CATEGORIES: _	(COM	BINED TOTAL	FOR ALL		<u> </u>	
	1	. Personn	el	\$	48,000	-	
	2	. Operatii	ıg	\$	-	-	
	3			\$	-	-	
	4			\$	-	-	
	5			\$	-	-	
	6	Total Co		\$	48,000	-	
SOURCE OF FUNDS:	Year 1		Year 2	,	Year 3	Tota1	
State Share:	\$ 48,000	\$	48,000		\$ 48,000	\$ 144,000	
Match:	\$ 12.000	\$	12,000		\$ 12,000	\$ 36,000	
TOTAL	\$ 60,000	\$	60,000		\$ 60,000	\$ 180,000	

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- 4. Recipients of these funds agree to stipulations on page 2.

Grantee: Las Vegas City Attorney's Office	Authorized Signature:	Date:
Social Services Program Specialist	Signature: N/A	
DCFS FPO Grants Management Unit	Signature: (TITLE)	Date
DCFS Administration	Signature:	Date

# ADDITIONAL REQUIREMENTS AGREED TO BY GRANTEE IN RECEIVING FUNDS PURSUANT TO THIS AWARD OR IN APPLICATION FOR SAME:

- 1. Sub-Grantee agrees to abide by all appropriate provisions and procedures of the Division of Child & Family Services (DCFS).
- 2. Sub-Grantee agrees to comply with arrangements for review of accounting procedures as initiated by the Division of Child and Family Services
- 3. Sub-Grantee agrees to comply with the attached Basic Accounting Requirements for grant funds per Attachment A.
- 4. Sub-Grantee agrees to comply with the Scope of Services (Attachment B)
- 5. Sub-Grantee agrees to comply with general financial requirements and submit monthly financial status and request for funds reports. Payment for services rendered under this grant will only be made after receipt of a correct, signed financial status report with original signature.
- 6. Sub-Grantee agrees to submit HDFS program performance reports and narratives as specified by grant.
- 7. Certifies that the proposal upon which these funds are based was authorized by the governing body of the applicant.
- 8. Sub-Grantee has provided to Division of Child and Family Services, the , certification (#1) regarding debarment, suspension, ineligibility and voluntary exclusion-lower tier covered transactions, certification (#2) regarding Drug Free Work Place, certification (#3) regarding Lobbying, certification (#4) regarding environmental tobacco smoke and certification (#5) regarding equal treatment for faith-based organizations.
- 9. Sub-Grantee acknowledges that this grant award may be terminated by either party with 30 days notice.
- 10. Sub-Grantee has supplied to DCFS certifications indicating that the Sub-Grantee is covered by Worker's Compensation Insurance, commercial General Liability Insurance, business Auto Insurance (agency owned vehicles) and Professional Liability Insurance (as applicable).
- 11. Sub-Grantee agrees to comply with public law 103227, Part C, Environmental Tobacco Smoke (Pro Children Act of 1994). Requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant/grantee certifies (#4) that it will comply with the requirements of the Act.
- 12. The grantee will cooperate with the Division of Child and Family Services and any contractor hired by the Division, in establishing a professional program evaluation system to include outcome measures and measuring of consumer impact

All identified attachments to this Notice of Grant Award are considered part of the conditions under which this grant is offered and will be adhered to by the grantee.

## BASIC ACCOUNTING REQUIREMENTS (ATTACHMENT A)

Accounting for grant funds will be in accordance with generally accepted accounting principles, insofar as practicable, consistently applied, regardless of the source of funds. The Division of Child and Family Services reserves the right, however, to prescribe the method of accountability in any particular case.

SUPPORTING RECORDS OF GRANT EXPENDITURES MUST BE IN SUFFICIENT DETAIL TO SHOW THE EXACT NATURE OF EXPENDITURES. WHERE COSTS APPLY TO TWO OR MORE PROJECTS, SUCH COSTS WILL BE PRORATED TO EACH GRANT.

- 1. Establish a system of FUND ACCOUNTING approved by the Division of Child and Family Services or establish a separate bank account for each grant award.
- 2. Establish a filing system by State grant identification number. For example:
  - A. One folder for each grant's transactions should suffice where transactions are few.
  - B. Where transactions are many, originate a folder for each cost category described in the grant.
- 3. Spend only within categories allocated in the grant award.
- 4. Expenditures accumulated prior to the beginning date of the grant cannot be paid from grant money.
- 5. Obligations incurred during the grant period may be paid from grant funds after the ending date. All such obligations must be liquidated within 45 days after the end of the project period. Any obligations made after the ending date of the grant cannot be paid from grant money.
- 6. Any changes to the amounts, periods, and other terms and conditions listed in the notice of grant award must be requested and approved in writing.
- 7. Budget Category changes: All changes greater than 10% in any category must be approved in writing in advance by the granting agency.
- 8. Board of Directors for the project should establish a written travel policy prior to the start of the grant. Approval of this policy should be available for audit review. Travel reimbursement is limited to State rates.

### CERTIFICATION # 1

# <u>Certification Regarding</u> <u>Debarment, Suspension, Ineligibility and Voluntary Exclusion -</u> Lower Tier Covered Transactions

#### **Instructions for Certification**

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal" and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549: 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations or the definitions.
- 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, the prospective lower tier participant shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions" will be included, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

- 7. A participant in a covered transaction may rely upon the certification of a prospective participant in a lower tier covered transaction that the prospective participant is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless the participant in a covered transaction knows that the certification is erroneous. A participant may decide the method and frequency of determining the eligibility of the principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is debarred, suspended, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including debarment and/or suspension.